

GRANT  
DESCRIPTION

**SISD GRANT APPROVAL FORM**

Name of Campus/Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ District Matching Amount: \$ \_\_\_\_\_

Name of Grant & Brief Summary of Purpose:

CAMPUS  
APPROVAL

**CAMPUS APPROVAL:**

\_\_\_\_\_  
Administrator Phone number Date

DISTRICT SERVICE  
CENTER REVIEW

**DISTRICT SERVICE CENTER REVIEW:**

Are funds federal in origin? Yes \_\_\_\_\_ No \_\_\_\_\_

Concur \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_ 937-0310 \_\_\_\_\_

District Grant Writer Phone number Date

Concur \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_ 937-0102 \_\_\_\_\_

Chief Financial Officer Phone number Date

Concur \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
Superintendent Date